

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530862

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8	/		/			
9	/	/		/		
10		/		/		
11		3		/		
12		0		/		
13		0		/		
14		0		/		
15	/		/			
16	/		/			
17	/		/			
18		/		/		
19		/		/		
20		3		/		
21		0		/		
22		0		/		
23		0		/		
24	/		/			
25		/		/		
26		/		/		
27		3		/		
28		0		/		
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49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						